

REGISTRATION FORM

2005 Fall Education Conference

(Law Practice Management & Workers' Compensation Sections)

October 28 & 29, 2005

Note: One registrant per form. Photocopies may be used.

Bar Number: _____

Name: _____

Firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

PRE-REGISTRATION FEES:

FRIDAY, OCTOBER 28, 2005 LPMT PROGRAM (1 DAY ONLY)

☐ LPMT or Workers' Comp Section Member _____ \$150

☐ Non-Section Member _____ \$215

SATURDAY, OCTOBER 29, 2005 WORKERS' COMPENSATION PROGRAM (1 DAY ONLY)

☐ Workers' Comp or LPMT Section Member _____ \$150

☐ Non-Section Member _____ \$215

FRIDAY, OCTOBER 28, 2005 AND SATURDAY, OCTOBER 29, 2005 (BOTH DAYS)

☐ LPMT or Workers' Comp Section Member _____ \$250

☐ Non-Section Member _____ \$315

Non-Section Member fees include enrollment in the LPMT or Workers' Comp. Section for 2006. Please Select One

☐ LPMT

☐ Workers' Comp

ON-SITE REGISTRATION FEES:

ONE DAY

☐ Section Member _____ \$200

☐ Non-Section Member _____ \$265

TWO DAYS

☐ Section Member _____ \$300

☐ Non-Section Member _____ \$365

Amount enclosed/to be charged: \$ _____

CREDIT CARD INFORMATION (VISA/MasterCard Only)

I/we authorize the State Bar of California to charge my/our program registration to my/our VISA/MasterCard account. (No other credit card will be accepted.)

Account Number: _____

(Visa/MasterCard ONLY)

Expiration Date: _____

Cardholder's Name: _____

Cardholder's Signature: _____

(Mandatory)